

**The City of Chattanooga
Neighborhood Grants Program**

APPLICATION FORM

Deadline: **Ten (10) Copies of the application must be received in the Neighborhood Services Department office no later than 4 p.m. on Tuesday, April 30, 2002.**

Applications received after this date will not be considered.

Mail or deliver application to: Vanessa Jackson, Neighborhood Program Manager, Chattanooga Neighborhood Services Department, 1110 Market St., Suite 333, Chattanooga, TN 37402.

Applicants may submit only one application for one project.

Faith Based organizations are not eligible as applicants in this funding cycle.
Eligible applicants may, however, partner with faith based organizations.

**Please refer to Grant Guidelines before completing this Application.
Type or clearly print answers to all questions in the space provided.**

A) Legal Name of
Organization: _____

Type of Organization: _____ Neighborhood or Community Based Organization

_____ 501(c)(3) corporation
(Include a copy of charter & by laws)

1) Does your organization have an office and/or staff? If so please tell us:

Office address _____

Phone/fax number _____

E Mail address: _____

Name of Staff person _____

Title _____

2) Meeting Place

Location _____

Time _____

Day _____

B) Accountable Person

- 1) Name: _____
- 2) Mailing Address: _____
- 3) City, State, Zip Code _____
- 4) Phone work) _____ home) _____
- 5) Fax _____
- 6) Email address _____
- 7) Signature and Title of person accountable for implementing project

C) Second Accountable Person

- 1) Name: _____
- 2) Mailing Address: _____
- 3) City, State, Zip Code _____
- 4) Phone work) _____ home) _____
- 5) Fax _____
- 6) Email address _____
- 7) Signature and Title of second person accountable for implementing project

[illegible]

1. Tell us about your neighborhood group

a) When was the organization formed? Please attach a copy of the names, address, and phone numbers for the officers or board members of your organization.

b) What are the boundaries of your neighborhood?

East-_____
West-_____
South-_____
North-_____

c) List any regular or annual events that your neighborhood association participates in or sponsors.

d) Have you received a City of Chattanooga Neighborhood Grant before?
If yes, gives dates, amount of grant, and describe the project.

e) Was the project completed? If so, what did you accomplish?

f) Did you attend a 2002 Neighborhood Grant Workshop?

Yes_____ No_____

If yes, provide date and locations of workshop: _____

2. **Tell us about your proposed project.**

a) Project Name_____

b) Goal or Purpose of Project:

c) Explain how will it strengthen the neighborhood:

d) Project Objectives: How do you plan to carry out the project? (Objectives should be SMART: Specific, Measurable, Achievable, Realistic, and Timely. What exactly are you going to do? How will you know you have done it? Can it be done in the time & with the funds available? Why is it the priority right now?)

f) What persons and/or organizations were involved in designing the project? What were their roles?

g) Who will be implementing the project?

h) List project activities (there should be activities directly in support of each objective):

i) Evaluation method: What method(s) will you use to evaluate whether you accomplish the goal(s), objectives, and activities of your project?

Neighborhood Grant Budget

1. Provide a detailed budget indicating **specific** costs for **all** project activities.
2. Complete Budget Summary on following page.
3. Include all equipment, supplies, refreshments, consultants, or other costs for each activity.

Only indicate other funding source if authorized letter from partnering source is attached committing a specific amount of money, property, staff time, or other resources.

Awards made to projects based on commitments from other sources may be withdrawn if those partners withdraw their commitments from the project.

2002 FUNDING CATEGORIES AND MATCHING REQUIREMENTS

Tier One Funding Category

Projects requesting \$1,000 or less.

In support of newer/previously unfunded neighborhood associations, Previously unfunded groups Tier 1 projects are encouraged, but not required, to provide a cost-sharing match.

Previously funded Tier 1 applicants must provide a cost sharing match per below.

Tier Two Funding Category

Projects requesting \$1,001 to \$10,000.

All projects requesting more than \$1,000, *and all previously funded applicants* (with proposed projects of any amount) must provide at least 33% of total project dollars. See example in Project Guidelines.

Cost sharing may be in cash or in kind, except that normal neighborhood association volunteer time will not be counted towards cost sharing. For more details about this and other program requirements, please participate in a program workshop.

BUDGET WORKSHEET

Item A. Project Total: _____

Item B. In-Kind Contribution(s):

Contributor	Dollar Value
Contributor	Dollar Value
Contributor	Dollar Value
Contributor	Dollar Value

Item B Total:\$ _____

Item C. Cash Contribution(s):

Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount

Item C Total:\$ _____

BUDGET SUMMARY

1. Insert Amount from Worksheet Item A (Project Amount):
2. Insert Amount from Worksheet Item B (In-Kind Contrib.):
3. Insert Amount from Worksheet Item C: (Cash Contrib.):
4. Total Line 2 & 3; this is the neighborhood contribution
5. Divide Line 4 by Line 1. This amount should equal or exceed .33 (33%)
6. Subtract Amount in Line 4 from amount in Line 1:
This is the amount of the grant request.

Applicant's Certification

I hereby certify that the above information is correct and that this application has been authorized by the applicant's governing body as an expression of the community's wishes.

Name _____ Signature _____

Title _____
(President's or other authorized official's printed name, title, and signature required)

Date _____

Additional Certification for Community Based Organization (CBO) Applicants

To be signed by at least two officers of the Neighborhood Association(s) in which the proposed project will take place, indicating the neighborhood's support for this project as stated above.

CBO applications are not complete without signatures below.

Signature of President _____ **Date** _____

Signature of Vice-Pres. _____ **Date** _____

Signature of Treas. or Secty. _____ **Date** _____